

Docket No.: A003-CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

Browning et al.

Serial No.: 09/245,198

Filing Date: February 5, 1999

For: A TUMOR NECROSIS FACTOR RELATED LIGAND

Examiner: Kerr, J.

Group Art Unit: 1633



#0  
K. Davis  
05-11-00

**CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"**

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Laura M. McGuire

**RESPONSE TO RESTRICTION REQUIREMENT**

Assistant Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

In response to the restriction requirement mailed on April 14, 2000, Applicants hereby elect to prosecute the claims of Group I (claims 1-10, 26 and 28-31) with traverse. Applicants expressly reserve the right to prosecute and obtain allowance of claims directed to the subject matter of claims 11-25, 27 and 32-35 in a divisional application

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filed during the pendency of the present application.

Respectfully submitted,

Date: 5/2/00

Niki D. Cox

Niki D. Cox, Esq.  
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BIOGEN, INC.  
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GP 1633

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): **Browning et al.**

Docket No.

**A003-CIP**

Serial No.

**09/245,198**

Filing Date

**February 5, 1999**

Examiner

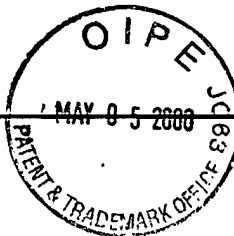
**Kerr, J.**

Group Art Unit

**1633**

Invention:

**A TUMOR NECROSIS FACTOR RELATED LIGAND**



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**TRANSMITTAL LETTER**  
**(General - Patent Pending)**

Docket No.  
A003-CIP

In Re Application Of:

**Browning, J. et al**

Serial No.  
**09/245,198**

Filing Date  
**February 5, 1999**

Examiner  
**Kerr, J.**

Group Art Unit  
**1633**

Title:

**A TUMOR NECROSIS FACTOR RELATED LIGAND**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is:

**Response to Restriction Requirement; Certificate of Mailing by First Class Mail; Postcard**

in the above identified application.

- ☒ No additional fee is required.
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☐ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of \_\_\_\_\_
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.

  
\_\_\_\_\_  
Signature

Dated: **May 2, 2000**

**Niki D. Cox**  
**Biogen, Inc.**  
**14 Cambridge Center**  
**Cambridge, MA 02142**

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